

Case Number:	CM14-0156807		
Date Assigned:	09/26/2014	Date of Injury:	05/31/2012
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 43-year-old male with a 5/31/12 date of injury. At the time (8/1/14) of request for authorization for Lumbar Fusion and discectomy with instrumentation & iliac crest graft at L5-S1, there is documentation of subjective (low back pain radiating to the bilateral lower extremities) and objective (tenderness to palpation over the lumbar spine with decreased range of motion, decreased Achilles reflexes bilaterally, and decreased sensation along the L5-S1 distribution) findings, imaging findings (reported MRI of the lumbar spine (6/28/13) revealed a 2-3 mm posterior disc bulge at L5-S1 resulting in moderate to severe right and mild left neural foraminal narrowing in conjunction with facet joint hypertrophy; report not available for review), current diagnoses (lumbar spine sprain with sciatica, disc protrusion, and stenosis), and treatment to date (medications, physical modalities, and activity modification). 9/12/14 medical report identifies subjective findings (low back pain radiation to the lower extremity and to the right heel with numbness and tingling into the right lateral foot). There is no documentation of an imaging report and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Fusion and discectomy with instrumentation & iliac crest graft at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities); as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain with sciatica, disc protrusion, and stenosis. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory and reflex changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of reported imaging findings (MRI of the lumbar spine identifying a 2-3 mm posterior disc bulge at L5-S1 resulting in moderate to severe right and mild left neural foraminal narrowing in conjunction with facet joint hypertrophy), there is no documentation of an imaging report. In addition, there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Fusion and discectomy with instrumentation & iliac crest graft at L5-S1 is not medically necessary.